

## **SURGICAL INSTRUMENT WITH TRIGGER CONTROL**

### **BACKGROUND OF THE INVENTION**

#### **Field of Invention:**

5       The present invention relates generally to medical devices. More particularly, the present invention relates to trigger controlled surgical instruments.

#### **Description of Prior Art:**

10       Handles for surgical instruments have traditionally been based on a paradigm of design that is decades old, a design that was adopted to facilitate their use in upper airway endoscopy. These instruments are bent such that their handles are as much as 90 degrees out of alignment with their functional ends. The original design was required to allow a user to have a direct line of vision down a sheath into the area where the surgery is performed. With the advent of fiber optics, the requirements for the bent handle design were eliminated. Surgeons today manipulate surgical instruments by means of a video  
15       screen, not a direct line of vision down a sheath. Given this change in technology regarding the visual aspects of surgery, it is surprising that the handles of a majority of surgical instruments have remained unchanged.

20       Surgical instruments with this bent-handle design can be troublesome to use. They require a user to hold their wrist awkwardly for long periods of time, in a position that encourages the development of Carpal Tunnel Syndrome and chronic joint stress. Many users have taken to holding the instruments in a manner not consistent with their design in an attempt to alleviate the pain and fatigue of long procedures.

25       Additionally, the bent-handle design does not efficiently translate force from the handle to the functional end of the instrument. Force applied to the handle of the instrument is translated to the functional end to perform the desired action. If the handle is bent out of line with the longitudinal axis of the functional end, a portion of the applied force will be translated to movement of the instrument in a direction that is essentially perpendicular to this axis. This undesirable movement may be translated along the instrument to the functional end, thus compromising stability.

30       In addition to the inefficient translation of force from the handle to the functional end of the instrument, the bent-handle design better facilitates surgeon use of the tool as a functional extension of a users hand.

**SUMMARY OF THE INVENTION**

The present invention may be described as a surgical device comprising an ergonomic handle having a finger actuator configured to receive a single finger of a user to control an attached, elongated tubular portion extending from the ergonomic handle. The elongated tubular portion may have a longitudinal axis, and the finger actuator may be positioned substantially in line with the longitudinal axis of the tubular portion. Furthermore, the surgical device may also include a rod functionally disposed within the tubular portion along the longitudinal axis. The rod may be coupled proximally to the finger actuator and may be coupled distally to a functional end, such that bidirectional pressure applied by the user's finger to the finger actuator along the longitudinal axis manipulates the functional end in a bidirectional manner in response to or in a common direction to the bidirectional pressure. The surgical device may further comprise a ratcheting mechanism to lock the finger actuator in a fixed position, thus locking the functional end in a fixed position. Additionally, the functional end may be free to rotate around the longitudinal axis, and the elongated tubular portion may be detachable from the ergonomic handle.

Additional features and advantages of the invention will be apparent from the detailed description which follows, taken in conjunction with the accompanying drawings, which together illustrate, by way of example, features of the invention.

**BRIEF DESCRIPTION OF THE DRAWINGS**

FIG. 1 is a perspective view of a surgical device in accordance with an embodiment of the present invention;

FIG. 2 is perspective view of a surgical device in accordance with an embodiment of the present invention;

FIG. 3 is a cross-sectional view of the surgical device of FIG. 2;

FIG. 4 is a perspective view of examples of finger actuators in accordance with an embodiment of the present invention;

FIG. 5 is a perspective view of a roticulator attachment in accordance with an embodiment of the present invention;

FIG. 6 is a perspective view of a surgical device in accordance with an embodiment of the present invention; and

FIG. 7 is a flow chart of a method of manipulating a surgical instrument with a single finger according to an embodiment of the present invention.

### **DETAILED DESCRIPTION**

5       Reference will now be made to the exemplary embodiments illustrated in the drawings, and specific language will be used herein to describe the same. It will nevertheless be understood that no limitation of the scope of the invention is thereby intended. Alterations and further modifications of the inventive features illustrated herein, and additional applications of the principles of the inventions as illustrated herein, which  
10       would occur to one skilled in the relevant art and having possession of this disclosure, are to be considered within the scope of the invention.

      The present invention may be embodied as a surgical device as shown in FIG. 1 and FIG. 2. The surgical device 10 may have an ergonomic handle 12, shaped to conform to a user's hand 14 held in a relaxed functional position, thus reducing hand and wrist  
15       strain that ultimately leads to Carpal Tunnel Syndrome and chronic joint stress. The ergonomic handle may be in the shape of a pistol grip, or any other shape that allows the user's hand 14 to be held in a relaxed position. The surgical device may also include a finger actuator 16 configured to receive a single finger (ideally the index finger) of a user.

      The surgical device 10 may further include an elongated tubular portion 18  
20       extending from the ergonomic handle 12, and having a longitudinal axis 19. The finger actuator 16 may be positioned substantially in line with the longitudinal axis 19 of the elongated tubular portion 18. Furthermore, a rod 20 may be functionally disposed within the tubular portion 18 along the longitudinal axis 19 that is coupled proximally to the finger actuator 16 and may be coupled distally to a functional end 22. The functional end  
25       may be coupled to any surgical end piece known to one skilled in the art, such as, but not limited to, a grasper, scissors, a blade, a laser or a needle holder. The alignment of the user's finger, the elongated tubular portion 18, and the functional end 22 along the same longitudinal axis 19 may allow the functional end 22 to act more as a functional extension of the user's finger than previous designs. Additionally, bidirectional pressure applied by  
30       the user's finger to the finger actuator 16 along the longitudinal axis 19 will manipulate the functional end 22 in a bidirectional manner. In other words, movement by the user's finger in one direction along the longitudinal axis 19 will operate the functional end 22 in

one direction, while movement by the user's finger in the opposite direction along the longitudinal axis 19 will operate the functional end 22 in the opposite direction.

The surgical device 10 may also include a ratcheting mechanism 24 to lock the finger actuator 16 in a fixed position, thus locking the functional end 22 in a fixed position. The ratcheting mechanism 24 may be positioned near the user's thumb in any position convenient on the handle (side, bottom, or top) for easy accessibility, and it may be operated by pushing, pulling, sliding, or any other functional means of actuation known to one skilled in the art.

It may be useful for the functional end 22 to be free to rotate around the longitudinal axis of the elongated tubular portion 18. This can be accomplished by means of a rotator 26. The rotator 26 may be attached to the ergonomic handle 12 by a rotateable connection 27. The rotateable connection 27 may be any connection known to one skilled in the art that allows the rotator 26 to be coupled to the ergonomic handle 12 and that allows rotation around the longitudinal axis 19. As shown in FIG. 3, the rotator 26 may be a generally disk-shaped structure attached to the elongated tubular portion 18. The example embodiment in FIG. 3 shows a rotator 26 with notches designed to allow easy rotation by the user's finger. The rotator 26 may be of any shape, however, that allows rotation by the user's finger. This allows the user to rotate the rotator 26, which in turn rotates the elongated tubular portion 18 and the functional end 22.

As shown in FIG. 4, the finger actuator 16 may be configured in a variety of ways. These configurations should not be seen as limiting the number of ways that the finger actuator 16 may be constructed, but as examples showing possible variations. Generally, they may consist of a rod 28 with a finger receiving section 30 a,b,c,d to allow the user to slide the rod 28 along the longitudinal axis 19 of the elongate tubular portion 18. Configuration 30b is deemed to be the preferred embodiment because the actuator 16 is fully symmetrical about axis 19. In embodiments utilizing the ratcheting mechanism 24, ratcheting teeth 32 may be disposed on one end of the rod 28 to engage the ratcheting mechanism 24.

As shown in FIG. 5, it may also be useful for the elongated tubular portion 18 to be detachable from the ergonomic handle 12. This would allow quick changes of instruments associated with the functional end 22, and facilitate cleaning and autoclaving of the individual parts of the surgical device 10 to remove all biological matter after use. In one

example embodiment this may be accomplished by a detachable connection 34 between the elongated tubular portion 18 and the roticulator 26. This detachable connection 34 may be by any detachment means known to one skilled in the art, including, but not limited to, a threaded connection or a ring lock connection.

As shown in FIG. 6, a portion of the ergonomic handle 12 that may be substantially out of line with the longitudinal axis 19 can be manipulated about a rotational axis 38 into a position that is substantially in line with the longitudinal axis 19. As an example, this rotation may be accomplished by a means for rotation located at the rotational axis 38, such as a pin, screw, grommet, hinge, or other means known to one skilled in the art. Care must be taken to avoid interference between the means for rotation and the finger actuator 16. As an example, this may be accomplished by placing the rotation mean out of line with the longitudinal axis of the finger actuator 16. It may also be accomplished by utilizing multiple rotational means attached to both sides of the ergonomic handle 12 at the position shown for the rotational axis 38 in FIG. 6 that do not extend through the ergonomic handle 12 to interfere with the finger actuator 16. The rotational manipulation reduces tangling that may occur between the ergonomic handle 12 and other cables and cords in the surgical area. Additionally, a portion of the ergonomic handle 12 that may be substantially out of line with the longitudinal axis 19 can be removed, thus achieving the same tangling reduction result.

FIG. 7 is a flow chart of a method 40 of manipulating a surgical instrument with a single finger according to an embodiment of the present invention. The first step 42 of the method 40 may include grasping the surgical instrument with a hand of a user. Another step 44 of the method 40 may include inserting a single finger (ideally the index finger) of the user into a finger actuator of the surgical instrument. Yet another step 46 of the method 40 may include moving the single finger in a direction away from the hand, causing operation of a functional end. The method 40 may additionally or alternatively include the step 48 of moving the single finger in a direction toward the hand, causing operation of the functional end. Additionally, the method 40 may include the optional step 50 of rotating the functional end with the single finger.

It is to be understood that the above-referenced arrangements are illustrative of the application for the principles of the present invention. Numerous modifications and alternative arrangements can be devised without departing from the spirit and scope of the present invention while the present invention has been shown in the drawings and

described above in connection with the exemplary embodiments(s) of the invention. It will be apparent to those of ordinary skill in the art that numerous modifications can be made without departing from the principles and concepts of the invention as set forth in the claims.